



**Very Special Kids  
Clothing Checklist**

GOLDCARE NUMBER ( CLIENT ID)

GIVEN NAME

FAMILY NAME

DATE OF BIRTH

SEX

**\*Staff Please Attach Photos of clothing if not filled out**

**I arrived on**      /      /

The clothes I am wearing now	IN	OUT	The clothes I am wearing now	IN	OUT

Note: Description of clothing must be detailed e.g. 1 white shirt with red star. 1 green shorts with white stripe. Ideally all clothing must be named.

<b>Clothes in my bag</b>							
QTY	Items	IN	OUT	QTY	Items	IN	OUT
	<b>Tops/Dresses</b>				<b>Bottoms</b>		
	<b>Footwear/ Socks</b>				<b>Underwear</b>		
	<b>Other: Toys/Books/etc</b>						





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GOLDCARE NUMBER ( CLIENT ID)	
GIVEN NAME	
FAMILY NAME	
DATE OF BIRTH	SEX

**TOILETRIES – The colour of my toilet bag is .....**

**\*\* Select the contents from list and list quantities**

Tick if relevant	List quantities	IN	OUT	Add other items	IN	OUT
<input type="checkbox"/>						
<input type="checkbox"/>	Nappies =					
<input type="checkbox"/>	Nappy sacks					
<input type="checkbox"/>	Nappy Wipes					
<input type="checkbox"/>	Toothbrush					
<input type="checkbox"/>	Toothpaste					
<input type="checkbox"/>	Baby lotion					
<input type="checkbox"/>	Hairbrush comb					
<input type="checkbox"/>	Ointments					
<input type="checkbox"/>	Shampoo					
<input type="checkbox"/>	Soap or body wash					
<input type="checkbox"/>	Sun hat					
<input type="checkbox"/>	Deodorant					
<input type="checkbox"/>						

QTY	Feeding Equipment /Food	IN	OUT

QTY	Other Equipment	IN	OUT

Date	PRINT NAME	
	Clothing list checked IN by	
	Clothing list checked OUT by	



**Form 5  
Clothing Checklist**